



# **DEPARTMENT OF HEALTH & MENTAL HYGIENE**

## **MEDICAL CARE PROGRAM**

### **COMPANION GUIDE FOR 270/271 - HEALTH CARE ELIGIBILITY BENEFIT INQUIRY AND RESPONSE VERSION 004010X092A1**

**November 26, 2007**

**Version 2**

## Health Care Eligibility Benefit Inquiry – 270

### Introduction:

This Companion Guide governs electronic transmission of eligibility information on an ASC X12 270/271 – Health Care Eligibility Benefit Inquiry and Response (004010X092A1) transaction.

The first section of this companion guide contains a subset of the data content established for the Health Care Eligibility Benefit Inquiry and Response Transaction Set (270/271), and more specifically the 270 Inquiry transaction. The 270 transaction is used to transmit health care eligibility benefit inquiries from providers of health care services to Maryland Medicaid, either directly or through an intermediary (i.e., clearinghouses, etc.). The 271 transaction is used to respond to Health Care Eligibility benefit inquiries and is covered separately within this companion guide following the 270 information.

This guide is not to be used as a substitution for the 270/271 Health Care Eligibility Benefit Inquiry and Response Implementation Guide. The objective of this document is to clarify what information is needed by Maryland Medicaid where multiple values exist and specific values are needed.

All alpha characters must be in upper case. Data must be in ASCII format. It is highly recommended that you do not suppress leading zeros for data elements such as Provider Number, Recipient ID, etc. This type of data should be handled as alphanumeric.

Transactions containing non-compliant ASC X12N data will be rejected prior to response. An ASC X12N 997 transaction will be used to convey the rejection and may include an associated reason. Compliant 270 transactions will not generate an ASC X12N 997 Acknowledgement transaction. ASC X12N 271 response transactions will be returned in response to compliant 270 transactions.

The transaction set should not include any inquiries with a 2000D Dependent level loop. 270 transactions containing 2000D Dependent level loop segments will be rejected. An ASC X12N 997 transaction will be used to convey the rejection and may include an associated reason.

It is highly recommended that a TRN segment be included on the 270 transaction to provide tracking capabilities and to assist with any research and analysis regarding a transaction submitted.

**Please Note:** A positive 271 response that returns current eligibility does not guarantee claim payment.

A maximum of 99 subscriber loops per transaction can be processed in batch mode.

This Companion Guide will be found on the State of Maryland Department of Health and Mental Hygiene Web site at

<http://www.dhmm.state.md.us/hipaa/transandcodesets.html>

**Maryland Medicaid Companion Guide – (270) Health Care Eligibility Benefit Inquiry****LEGEND:***SHADED rows represent "segments" in the X12N implementation guide**NON-SHADED rows represent "data elements" in the X12N implementation guide*

Implementation Guide Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
<b>B.3</b>			<b>Interchange Control Header</b>			
B.3		ISA01	Authorization Information Qualifier	00		
B.4		ISA03	Security Information Qualifier	00		
B.4		ISA05	Interchange ID Qualifier			Agreed upon during trading partner set-up
B.4		ISA06	Interchange Sender ID			Agreed upon during trading partner set-up
B.4		ISA07	Interchange ID Qualifier	ZZ		
B.5		ISA08	Interchange Receiver ID			526002033MCP – Production 526002033MCPT – Test
B.6		ISA14	Acknowledgment Requested	0		No TA1 returned. Note: A Negative 997 will be returned containing the appropriate rejection code when the 270 is rejected due to compliance errors.
B.6		ISA15	Usage Indicator			T for Test Data P for Production Data
<b>B.8</b>			<b>Functional Group Header</b>			
B.8		GS02	Application Sender's Code			Agreed upon during trading partner set-up
B.8		GS03	Applications Receiver's Code			MMISELIG
B.9		GS08	Version/Release/Industry Identifier Code			004010X092A1

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Implementation Guide Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
38			<b>Beginning of Hierarchical Transaction</b>			
39		BHT02	Transaction Set Purpose Code	13		Request
44	2100A		<b>Information Source Name</b>			
46		NM108	Entity Identifier Code	FI		Federal Taxpayer's Identification Code
46		NM109				526002033
50	2100B		<b>Information Receiver</b>			
52		NM108	Identification Code Qualifier	SV XX		SV if sending Medicaid ID in NM109 XX if sending NPI in NM109 <b>During Dual use strategy</b>
52		NM109	Identification Code		9 10	Medicaid ID if NM108 = "SV" NPI if NM108 – "XX" <b>During Dual use strategy</b>
54	2100B		<b>Information Receiver Additional Information</b>			<b>This REF segment with REF01 = 1D and REF02 containing Provider's Medicaid ID must be provided if 2100B NM108 contains "XX"</b>
54		REF01	Reference Identification Qualifier	1D		Indicates Medicaid Provider Number (Only Use If 2100B – NM108 = "XX") <b>During Dual use strategy</b>
56		REF02	Reference Identification		9	Medicaid Provider Number (Only Use If 2100B – NM108 = "XX") <b>During Dual use strategy</b>
71	2100C		<b>Subscriber Name</b>			
72		NM103	Name Last			Last name required for Medicaid recipient look up
73		NM108	Identification Code Qualifier	MI		Member Identification Number
73		NM109	Identification Code		11	Recipient's Medicaid ID (either Recipient ID or Social Security Number required)

**Maryland Medicaid Companion Guide – (270) Health Care Eligibility Benefit Inquiry****LEGEND:***SHADED rows represent "segments" in the X12N implementation guide**NON-SHADED rows represent "data elements" in the X12N implementation guide*

Implementation Guide Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
74	2100C		<b>Subscriber Additional Identification</b>			
75		REF01	Reference Identification Qualifier	SY		Social Security Number (either Social Security Number or Recipient ID required)
76		REF02	Reference Identification		9	Recipient's Social Security number
87	2100C		<b>Subscriber Date</b>			
88		DTP02	Date Time Period Format	D8 RD8		D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD <b>Note:</b> Inquiries containing date ranges (DTP02 = RD8) are treated as single date inquiries using the begin date. It is recommended that that submitters utilize the D8 format.
88		DTP03	Date Time Period		8	Date, expressed in Format CCYYMMDD, for which eligibility information is being requested. <b>Note:</b> Inquiries containing date ranges (DTP02 = RD8) are treated as single date inquiries using the begin date.
89	2110C		<b>Subscriber Eligibility or Benefit Inquiry Information</b>			
90		EQ01	Service Type Code	30		Health Benefit Plan Coverage

## Health Care Eligibility Benefit Response – 271

### Introduction:

This section of the companion guide contains a subset of the data content established for the Health Care Eligibility Benefit Response (271) transaction. The 271 transaction is used to respond to Health Care Eligibility benefit inquiries, covered previously within this companion guide.

This guide is not to be used as a substitution for the 270/271 Health Care Eligibility Benefit Inquiry and Response Implementation Guide. The objective of this document is to clarify what information is returned by Maryland Medicaid where multiple values exist and specific values may need clarification.

All alpha characters will be in upper case and will be in ASCII format. Leading zeros are not suppressed.

In the event a 270 Inquiry Transaction was rejected, an ASC X12N 997 transaction will have been used to convey the rejection and may have included an associated reason.

Maryland Medicaid will create and return a unique TRN segment as the last TRN with a TRN01 value of '1':

- If the original 270 inquiry transaction did not contain a TRN segment,  
The Maryland Medicaid generated TRN segment will be the only TRN segment returned.
- If the original 270 inquiry transaction contained a single TRN segment,  
The Maryland Medicaid generated TRN segment will be the second TRN segment.
- If the original 270 inquiry transaction contained two TRN segments,  
The Maryland Medicaid generated TRN segment will be the third TRN segment.

A 270 inquiry may contain multiple eligibility requests. The flexibility of the 270 transaction allows the grouping of multiple requests to be accomplished in more than one way. A 271 response will be generated for each ST/SE pair found within a 270 transaction.

**Please Note:** A positive 271 response that returns current eligibility does not guarantee claim payment.

This Companion Guide will be found on the State of Maryland Department of Health and Mental Hygiene Web site at

<http://www.dhmmh.state.md.us/hipaa/transandcodesets.html>

### Maryland Medicaid Companion Guide – (271) Health Care Eligibility Benefit Response

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
<b>B.3</b>			<b>Interchange Control Header</b>			
B.3		ISA01	Authorization Information Qualifier	00		
B.4		ISA03	Security Information Qualifier	00		
B.4		ISA05	Interchange ID Qualifier	ZZ		
B.4		ISA06	Interchange Sender ID			526002033MCP – Production 526002033MCPT – Test
B.4		ISA07	Interchange ID Qualifier			Agreed upon during trading partner set-up
B.5		ISA08	Interchange Receiver ID			Agreed upon during trading partner set-up
B.6		ISA14	Acknowledgment Requested	0		No Acknowledgement Requested
B.6		ISA15	Usage Indicator			T for Test Data P for Production Data
<b>B.8</b>			<b>Functional Group Header</b>			
B.8		GS02	Application Sender's Code			MMISELIG
B.8		GS03	Applications Receiver's Code			Agreed upon during trading partner set-up
B.9		GS08	Version/Release/Industry Identifier Code			004010X092A1

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
160	2000A		Request Validation			2000A AAA Segment Not Supported
163	2100A		Information Source Name			
163		NM101	Entity Identifier Code			Value received on original 270 inquiry
165		NM108	Entity Identifier Code			Value received on original 270 inquiry
165		NM109				Value received on original 270 inquiry
172	2100A		Request Validation			2100A AAA-Code not supported
173		AAA01	Yes/No Condition or Response Code	N		No – Request is not valid
173		AAA03	Reject Reason Code	79		Indicates that the Information Source data provided is missing or invalid. Must contain: 526002033 in NM109.
174		AAA04	Follow-up Action Code	C		Please Correct and Resubmit
178	2100B		Information Receiver			
178		NM101	Entity Identifier Code			The Information Receiver data received on the 270 Inquiry transaction will be echoed back on the associated 271 Response transaction
179		NM102	Entity Type Qualifier			
179		NM103	Name Last or Organization Name			
179		NM104	Name First			
179		NM105	Name Middle			



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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
179		NM107	Name Suffix			The Information Receiver data received on the 270 Inquiry transaction will be echoed back on the associated 271 Response transaction
180		NM108	Identification Code Qualifier			
180		NM109	Identification Code			
<b>182</b>	<b>2100B</b>		<b>Information Receiver Additional Information</b>			
182		REF01	Reference Identification Qualifier	1D		Value received on original 270 inquiry
183		REF02	Reference Identification		9	Value received on original 270 inquiry
<b>184</b>	<b>2100B</b>		<b>Request Validation</b>			
185		AAA01	Yes/No Condition or Response Code	N		No – Request is not valid
185		AAA03	Reject Reason Code	43		Indicates that the Provider ID(s) received on the 270 were missing or could not be validated against MD Medicaid Data.
185		AAA04	Follow-up Action Code	C		Please Correct and Resubmit
<b>190</b>	<b>2000C</b>		<b>Subscriber Trace Number</b>			
191		TRN01	Trace Type Code	1 2		1 If this contains the MD Medicaid Generated TRN 2 If this contains a TRN received on the originating 270 transaction being returned on the 271.
191		TRN02			1/30	If TRN01 = 1 Value echoed from 270 transaction If TRN01 = 2 Unique TRN generated by MD Medicaid)
192		TRN03			10	If TRN01 = 1 Value echoed from 270 transaction If TRN01 = 2 0526002033 (MD Medicaid)

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
193	2100C		<b>Subscriber Name</b>			
194		NM103	Name Last			If Recipient found in Maryland Medicaid Database Then Recipient Last Name on record with MD Medicaid Else Recipient Last Name received on original 270 inquiry
194		NM104	Name First			If Recipient found in Maryland Medicaid Database Then Recipient First Name on record with MD Medicaid Else Recipient First Name received on original 270 inquiry
194		NM105	Name Middle			If Recipient found in Maryland Medicaid Database Then Recipient Middle Initial on record with MD Medicaid Else Recipient Middle Name received on original 270 inquiry
195		NM108	Identification Code Qualifier	MI		Member Identification Number
195		NM109	Identification Code		11	If Recipient found in Maryland Medicaid Database Then Recipient ID on record with MD Medicaid Else Recipient ID received on original 270 inquiry
196	2100C		<b>Subscriber Additional Identification</b>			
197		REF01	Reference Identification Qualifier	SY GH		SY: Social Security Number GH: Identification Card Serial Number
198		REF02	Reference Identification		9 1/2	<b>SY</b> Recipient's Social Security number <b>If received on the originating 270 Inquiry transaction.</b> <b>GH</b> Duplicate Card Number if replacement card has been issued.
200	2100C		<b>Subscriber Address</b>			
200		N301	Address Information		1/55	If Recipient found in Maryland Medicaid Database Then Recipient Address Line 1 on record with MD Medicaid Else Recipient Address Line 1 received on original 270 Inquiry
200		N302	Address Information		1/55	If Recipient found in Maryland Medicaid Database Then Recipient Address Line 2 on record with MD Medicaid Else Recipient Address Line 2 received on original 270 Inquiry
201	2100C		<b>Subscriber City/State/Zip Code</b>			

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
201		N401	City Name		2/30	If Recipient found in Maryland Medicaid Database Then Recipient City on record with MD Medicaid Else Recipient City received on original 270 Inquiry
202		N402	State		2	If Recipient found in Maryland Medicaid Database Then Recipient State on record with MD Medicaid Else Recipient State received on original 270 Inquiry
202		N403	Postal Code		5	If Recipient found in Maryland Medicaid Database Then Recipient Zip Code on record with MD Medicaid Else Recipient Zip Code on original 270 Inquiry
202		N405	Location Qualifier	CY		County
202		N406	Location Identifier		2	If Recipient found in Maryland Medicaid Database Then Recipient County Code on record with MD Medicaid Else Recipient County Code on original 270 Inquiry
<b>207</b>	<b>2100C</b>		<b>Request Validation</b>			
207		AAA01	Yes/No Condition or Response Code	N		No – Request is not valid
208		AAA03	Reject Reason Code	57 62 63 67 73	2	57 Date of Service were missing or invalid. 62 Date of Service greater than 12 months in the past 63 Date of Service in the future 67 Patient Not Found (using criteria provided) 73 Name Code/Last Name does not match the Name Code/Last Name on record for recipient id received.
209		AAA04	Follow-up Action Code	C		Please Correct and Resubmit
<b>210</b>	<b>2100C</b>		<b>Subscriber Demographic Information</b>			

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
211		DMG02	Date Time Period		8	If Recipient found in Maryland Medicaid Database Then Recipient Birth Date on record with MD Medicaid Else Recipient Birth Date received on original 270 inquiry
211		DMG03	Gender Code		1	If Recipient found in Maryland Medicaid Database Then Recipient Gender on record with MD Medicaid Else Recipient Gender received on original 270 inquiry
<b>216</b>	<b>2100C</b>		<b>Subscriber Date</b>			
216		DTP01	Date/Time Qualifier	307		Eligibility
217		DTP02	Date Time Period Format	D8		Date Expressed in Format CCYYMMDD
217		DTP03	Date Time Period		8	Date, in CCYYMMDD format, for which this response is pertinent to.
<b>238</b>	<b>2110C</b>		<b>Subscriber Additional Identification</b>			
238		REF01	Reference Identification Qualifier	1L	2	Group or Policy Number
239		REF02	Reference Identification		9	Policy Number associated with Third Party Liability Insurance Carrier(s).
<b>240</b>	<b>2110C</b>		<b>Subscriber Eligibility/Benefit Date</b>			
240		DTP01	Date/Time Qualifier	307		Eligibility
241		DTP02	Date Time Period Format	D8		Date Expressed in Format CCYYMMDD
240		DTP03	Date Time Period		8	Date, in CCYYMMDD format, for which this response is pertinent to.
<b>242</b>	<b>2110C</b>		<b>Request Validation</b>			<b>2110C AAA Segment Not Supported</b>
<b>250</b>	<b>2120C</b>		<b>Subscriber Benefit Related Entity Name</b>			
250		NM101	Entity Identifier Code	1P FA PRP		1P Provider FA Facility PRP Primary Payer

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
251		NM102	Entity Type Qualifier	2		Non-Person Entity
251		NM103	Name Last or Organization Name			If NM101 = 1P    Populated with the MCO Name If NM101 = FA    Populated with the Facility Name If NM101 = PRP   Populated with the Primary Payer Name